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(Business Entity Name)

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T. SCOTT



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SECRETARY OF STATE
CLERK

2019 OCT 24 AM 10:28

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: SINGVEX GLOBAL SOLUTIONS CORP.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MICHAEL COMISKEY

Name (Printed or typed)

900 W 49TH ST STE 420

Address

HALEAH, FL 33012

City, State & Zip

866-650-3738

Daytime Telephone number

OTHERDOCSFORUS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: SINGVEX GLOBAL SOLUTIONS CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
900 W 49TH ST STE 420

HIALEAH, FL 33012

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL COMISKEY, PRESIDENT

Address: 900 W 49TH ST STE 420

HIALEAH, FL 33012

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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2019 OCT 24 AM 10:28
CLERK OF DISTRICT COURT
HIALEAH, FL 33012

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: MICHAEL COMISKEY
Address: 900 W 49TH ST STE 420
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MICHAEL COMISKEY
Address: 900 W 49TH ST STE 420
HIALEAH, FL 33012

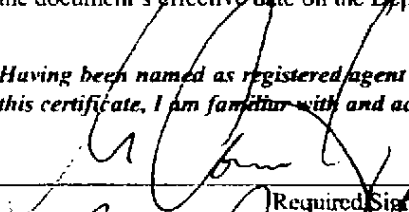
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

*  _____
Required Signature/Registered Agent

10/23/19
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

*  _____
Required Signature/Incorporator

10/23/19
Date